

Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		Complete if Known <table border="1"> <tr> <td>Application Number</td> <td>10/800,031</td> </tr> <tr> <td>Filing Date</td> <td>March 15, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Tara Lynn Bielski</td> </tr> <tr> <td>Examiner Name</td> <td>T. J. Mahyera</td> </tr> <tr> <td>Art Unit</td> <td>1615</td> </tr> <tr> <td>Attorney Docket No.</td> <td>21196/0212443-US0</td> </tr> </table>		Application Number	10/800,031	Filing Date	March 15, 2004	First Named Inventor	Tara Lynn Bielski	Examiner Name	T. J. Mahyera	Art Unit	1615	Attorney Docket No.	21196/0212443-US0
Application Number	10/800,031														
Filing Date	March 15, 2004														
First Named Inventor	Tara Lynn Bielski														
Examiner Name	T. J. Mahyera														
Art Unit	1615														
Attorney Docket No.	21196/0212443-US0														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$)	1,160.00													

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-0100		Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge):	1253 Extension for response within third month	620.00
	1401 Notice of appeal	540.00

SUBMITTED BY

Signature	/Marie Collazo/	Registration No. (Attorney/Agent)	44,085	Telephone	(212) 527-7700
Name (Print/Type)	Marie Collazo	Date	June 18, 2009		